

DATE: 2/19/2020
BID NO.: 50-00129976

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETN, LA. 70054-0009
504-364-2678

VENDOR:

BUYER: MBUTTERY

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

2 weeks

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

2 weeks

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

2 days

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: _____
NUMBER: _____
NUMBER: _____
NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 35350

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***

FIRM NAME: <u>Beacon Air Conditioning, Heating & Refrigeration Inc.</u>	
SIGNATURE: (Must be signed here) <u>Wendy Chatelain</u>	TITLE: <u>Owner/Secretary</u>
PRINT OR TYPE NAME: <u>Wendy Chatelain</u>	
ADDRESS: <u>315 E. 3rd Street</u>	
CITY, STATE: <u>Kenner, LA</u>	ZIP: <u>70062</u>
TELEPHONE: <u>(504) 467-8698</u>	FAX: <u>(504) 466-4996</u>
EMAIL ADDRESS: <u>Wendy@beaconac.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 9,800.00

DATE: 2/19/2020

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00129976

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS AND EQUIPMENT NECESSARY TO PROVIDE AND INSTALL NEW MITSUBISHI UNIT AT THE LAPALCO BRIDGE TOWER FOR THE DEPARTMENT OF STREETS</p> <p>0010 TO INSTALL (1) 2.5 TON COMMERCIAL MITSUBISHI INDOOR WALL UNIT, (1) 2.5 TON COMMERCIAL MITSUBISHI OUTDOOR HEAT PUMP CONDENSING UNIT AND (1) DIGITAL WALL CONTROLLER</p> <p>ANY QUESTIONS OR TO SCHEDULE A SITE VISIT, PLEASE CONTACT CHARLES COLOPY AT 349-5800</p>	9,800 ⁰⁰	9,800 ⁰⁰

BID NUMBER: 50-00129976

LABOR, MATERIALS AND EQUIPMENT NECESSARY TO FURNISH AND INSTALL ONE (1) 2.5 TON COMMERCIAL SERIES MITSUBISHI INDOOR WALL UNIT, ONE (1) 2.5 TON COMMERCIAL SERIES MITSUBISHI OUTDOOR HEAT PUMP CONDENSING UNIT, AND ONE (1) DIGITAL WALL CONTROLLER FOR JEFFERSON PARISH STREETS DEPARTMENT

Vendor to furnish labor, materials and equipment to provide and install one (1) 2.5 ton commercial series Mitsubishi Indoor Wall Unit, one (1) 2.5 ton commercial series Mitsubishi outdoor heat pump condensing unit, and one (1) digital wall controller at the following location:

Department of Streets
Lapalco Bridge Tower
Harvey, LA 70058

Section 1.0 – Site Visits:

To schedule site visits:

CHARLES COLOPY

(504) 349-5800

CCOLOGY@JEFFPARISH.NET

Monday – Friday, 6:30 AM – 3:00PM

Section 2.0 – License Requirement:

Louisiana State Contractor's License with classification in: **Mechanical Work**

NOTE – Louisiana State Contractors License number shall be on the outside of the bid envelope. Additionally if submitting the bid electronically, then the license number must be entered in the appropriate field in the Electronic Procurement system. Failure to comply will cause the bid to be rejected.

Section 3.0 – Scope of Work:

The successful contractor shall cover the furnishing of labor, materials and equipment necessary to do the jobs as described below:

- A.** Contractor shall supply and install one (1) 2.5 ton commercial series Mitsubishi Indoor Wall Unit, M# PKA-A30KA7TH. Indoor unit shall be mounted on North wall of Bridge Control Tower above glass windows.
- B.** Furnish and install one (1) 2.5 ton commercial series Mitsubishi Outdoor Heat Pump Condensing Unit, M# PUZ-A30NH7. Outdoor unit shall be mounted to east exterior wall approximately 3' high using factory wall bracket kit.
- C.** Route refrigerant copper from indoor unit to outdoor condensing unit. Fabricate stainless steel hood over wall penetration and water seal. Paint rubbertex insulation with UV protective coating. Tubing shall be routed in a neat and professional manner. Line voltage and control wire on exterior of building should be routed in conduit and properly supported.
- D.** Contractor shall provide and install one (1) Digital Wall Controller, M# MHK1, with remote outdoor sensor, P/N MOS1. Furnish condensate pump with drain pan sensor, P/N DBLS2, and route ¾" PVC condensate drain line approximately 60' to bottom of bridge into water. Support PVC pipe with clamp every 10'.
- E.** Perform system startup and programming.
- F.** Electrical feed to outdoor condensing unit will be performed by Jefferson Parish electrician.
- G.** Provide IOM data, thermostat instructions and warranty documents on job completion.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/27/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Riverlands Insurance Services Inc. 492 West 5th Street LaPlace LA 70068		CONTACT NAME: Kayla Landry PHONE (A/C, No, Ext): (985) 652-5505 FAX (A/C, No): (985) 652-4039 E-MAIL ADDRESS: klandry@rivins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Ohio Security Insurance Company	
		INSURER B: Bridgefield Casualty Insurance Co	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 19-20 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			BKS1959087358	10/29/2019	10/29/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO1959087358	10/29/2019	10/29/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A	196-47488	10/29/2019	10/29/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Employment Practices Liability			BKS1855818871	10/29/2019	10/29/2020	Each Claim 12,500 Aggregate 12,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Bid # 50-00129976

General Aggregate Limit applies per project. Cert Holder is listed as an additional insured and a Waiver of Subrogation is provided in favor of the certificate holder with respects to the GL policy. Waiver of Subrogation is provided with respects to the WC as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish Department of Streets Lapalco Bridge Tower
1901 Ames Blvd

Marrero

LA 70072

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kayla Williams

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AGENCY CUSTOMER ID: 00029524

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Riverlands Insurance Services Inc.		NAMED INSURED Beacon Air Conditioning, Heating & Refrigeration, Inc.
POLICY NUMBER _____		EFFECTIVE DATE: _____
CARRIER _____	NAIC CODE _____	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

The full certificate holds reads as follows:

THE PARISH OF JEFFERSON, ITS DISTRICTS, DEPARTMENTS AND AGENCIES
 UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL

Jefferson Parish Department of Streets
 Lapalco Bridge Tower
 1901 Ames Blvd
 Harvey, LA 70058
 Bid # 50-00129976




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/28/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Hylton S Petit, Jr 2705 Florida Ave. Kenner, La 70062	CONTACT NAME: Hylton S Petit Jr PHONE (A/C, No, Ext): 504-461-0171 FAX (A/C, No): 504-461-0289 E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103	NAIC # 25178

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	N	138 8015-B28-18X	02/28/2020	08/28/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Jefferson Parish Department of Streets
(Lapalco Bridge Tower, Harvey, La)
1901 Ames Blvd.
Marrero, La 70072

Bid No: 5D-00129976

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER	Hylton S Petit, Jr 2705 Florida Ave. Kenner, La 70062	CONTACT NAME: Hylton S Petit Jr	FAX (A/C, No): 504-461-0289	
		PHONE (A/C, No, Ext): 504-461-0171	E-MAIL ADDRESS: hylton.petit.b27x@statefarm.com	
INSURED	Beacon Air Cond Inc 317 E 3 Rd St Kenner, La 70062-7103	INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: State Farm Mutual Automobile Insurance Company		25178
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

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	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

THE PARISH OF JEFFERSON, ITS DISTRICTS,
DEPARTMENTS AND AGENCIES UNDER THE DIRECTION
OF THE PARISH PRESIDENT AND THE PARISH COUNCIL
200 Derbigny St.,
Gretna, La 70053

Bid No.: 50-00129976

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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